



Town of Arlington
Department of Health and Human Services
Office of the Board of Health
27 Maple Street
Arlington, MA 02476

Tel: (781) 316-3170
Fax: (781) 316-3175

Application for Permit to Operate a Food Establishment

Name of Establishment: _____

Tel #: _____ **Fax #:** _____ **Email:** _____

Establishment Address: _____

Mailing Address (If Different): _____

Name and Title of Applicant: _____

Address of Applicant: _____

Name and Address of Owner _____
(If different from applicant)

Emergency Response Person: _____ **Phone #:** _____

Partner or Corporate Name (List Partners Below):

Name	Title	Home Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

Number of Seats: _____ **Hours of Operation:** _____ **Is a dumpster used?** **Yes** **No**

If yes, provide Contractor Name: _____

Certified Food Manager: _____ (attach copy of certificate)

Employee (s) Trained in Allergen Awareness: _____ (attach copy of certificate)

Employee (s) certified in choke saving: _____ (attach copy of certificate)

Type of Service: (Circle all that apply) **Sit Down Meals** **Take out** **Caterer** **Grocery** **Convenient Store**

Type of Establishment	Fee	Amount Due
Category Risk Level 1	\$100.00	_____
Category Risk Level 2	\$200.00	_____
Category Risk Level 3	\$300.00	_____
Category Risk Level 4	\$400.00	_____

Signature of Applicant: _____ **Date:** _____